



# State of New Hampshire

## 2016 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2016

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 03/17/2016  
Business ID: 708700  
William M. Gardner  
Secretary of State

Wicked Good Butcha, LLC

152 Hitching Post Ln  
Bedford, NH 03110

ENTITY TYPE:	LLC
BUSINESS ID:	708700
STATE OF DOMICILE:	NEW HAMPSHIRE

operating a butcher shop

### ADDRESS OF PRINCIPAL OFFICE:

152 Hitching Post Ln  
Bedford, NH 03110

### REGISTERED AGENT AND OFFICE:

Mullikdn, Anu R, Esq  
111 Amherst Street  
Manchester, NH 03101

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☒ The new mailing address P.O. Box 248 25 Fells Drive, Amherst, NH 03031
- ☒ The new principal office address P. O. Box 248 25 Fells Drive, Amherst, NH 03031

PO Box is acceptable.

### MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME Joseph J. Correia, Sr.

STREET P.O. Box 248 25 Fells Drive

CITY/STATE/ZIP Amherst, NH 03031

NAME Helen E. Correia

STREET P.O. Box 248 25 Fells Drive

CITY/STATE/ZIP Amherst, NH 03031

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

### MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

Joseph J. Correia, Sr. / Manager

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

State of New Hampshire  
Fee - Form LLC 8 - (LLC) 1 Page(s)

WHEN THIS FORM  
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